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Behavioral Health Restraint and Seclusion Log

Patient Na	ıme:										-		I		/ S I Age	HIF1 : _									Ī	Date	: _					_
Initiation Brief desc	of res	train	t / sec	clusio	on (cir	cle on	ne) Ti	me: _							R	ationa	le for i	nterve	ention	sele	cted: _											
						`									St	aff as	sisting	with	interv	entior	າ:					_						
	Time	out/qı	uiet ro	om			(chec	k app	olicab	le):					_																	
	Verba Struct Redire Medic Physic Other	Il de-e cured ecting ation cal co	escala room offere	ation t plan ed/giv	echnic	ques me		time) 						(s Tr	pecify eatme	sustair if yes) ent pro	vided														
	Not at	ttemp	ted di	ue to	threat	s to sa	afety o	of pati	ents /	staff	/ othe	er / mi	lieu		C	omple	ted by:	:		_ (init	ial here	e and	sign	back	of forr	n)						
Behavior	7A	15	30	45	8A	15	30	45	9A	15	30	45	10A	15	30	45	11A	15	30	45	12N	15	30	45	1P	15	30	45	2P	15	30	45
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Activity *	7A	15	30	45	8A	15	30	45	9A	15	30	45	10A	15	30	45	11A	15	30	45	12N	15	30	45	1P	15	30	45	2P	15	30	45
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N/A	= N	lot ap	plicat	ole							_	. Pa	apoose	7																		

Behavioral Health Restraint and Seclusion Log

EVENING SHIFT

Patient Na	ame:										_				Age	:										Date	e: .					
Initiation Brief desc															_		ale for															
I	trictive Time Increa	out/qı	uiet ro	oom			(chec	k apı	olicat	ole):					_ _																	
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	Not at	temp	ted d	ue to	threat	s to s	afety	of pat	ients	/ staff	f / oth	er / m	ilieu		С	omple	eted by	y:		(ini	tial he	re an	d sign	back	of fo	m)						
Behavior	3P	15	30	45	4P	15	30	45	5P	15	30	45	6P	15	30	45	7P	15	30	45	8P	15	30	45	9P	15	30	45	10P	15	30	45
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Activity *	3P	15	30	45	4P	15	30	45	5P	15	30	45	6P	15	30	45	7P	15	30	45	8P	15	30	45	9P	15	30	45	10P	15	30	45
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Behavioral Health Restraint and Seclusion Log

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Patient Na	me:													A	Age:	_										Date	e: -					_
Initiation of Brief description	of rest	raint of bel	/ sec	lusio rs/eve	n (circle	e one) ding t) Tim o use	e: :				-									cted: _											
	rictive Time o	ut/qui	iet ro	om		ed (c	heck	applic	cable):																						
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Behavior	11P	15	30	45	12A	15	30	45	1A	15	30	45	2A	15	30	45	3A	15	30	45	4A	15	30	45	5A	15	30	45	6A	15	30	45
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Activity *	11P	15	30	45	12A	15	30	45	1A	15	30	45	2A	15	30	45	3A	15	30	45	4A	15	30	45	5A	15	30	45	6A	15	30	45
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Positioning q1 hr																																
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OTHER (specify)																																
Staff initials																																

* Specify i	in each grid the following:	Intervention Type	Time Discontinued:	Criteria for Release	Time established
R	= If patient refused	□ Seclusion			
N	= Activity not offered due to patient's behavior	☐ Restraints	□ N/A	Revision of release criteria	Time of revision
N/A	= Not applicable	□ Papoose			

MEDICAL RECORD

Behavioral Health Restraint and Seclusion Log

MEDICAL ORDE							DN ASSESSI	MENT OF NEED FO	P CONTIN	UATION OF INTER\	/FNTION - PN with
Initial writte	n order required with	in one hour	of initiation			_	appropriate co		assess eac	h hour the patients or	ngoing need for seclusion or
Time intervention	า initiated	RN Initials					Time of assessment	Signature of RN		ale for continuation	Additional actions taken (i.e. efforts to assist patient to meet criteria, change in treatment plan, medications given etc)
INITIAL ORDER	_										medications given etc)
Time of order	Duration of order	LIP Respon	nsible	RN Initia	als						
	/AL – n and adolescents ((≥18 y.o.) order dura			for one	hour only						
Time of order	Duration of order	LIP Respon	nsible	RN Initi	ials						
	L										
									☐ PI	Report Completed	Initials
Note): This evalu	ALUATION BY AN LIF	P (must be do hin one hour	ocumented by	the LIP	in Progress		or more epison hours for the	eclusion or for 2 odes within 12 same patient.	SIGNATURES		
behavioral healt	n setting.						Time intervention initiated	Time notification will be required	Initials	S	signatures

Time intervention initiated	Time of evaluation	LIP evaluator	RN Initials

REPEAT IN-PERSON EVALUATION BY AN LIP (document in progress note)
Repeat in-person evaluations by an LIP are required at least every 4 hours for
children and adolescents (<18 y.o.) and every eight hours for adults (≥18 y.o.)

Time of evaluation	LIP evaluator	RN Initials

Time intervention initiated	Time notification will be required
WHO WAS N	NOTIFIED?

AT WHAT	TIME?

WHO	NOTIFIED	THEM?
VVIIO	NOTIFIED	IIILIVI!

PI Report Completed	
	Initials

SIGNATURES		
Initials	Signatures	